

OCT 0 7 2004 State of Washington Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid

Name Bonnie J. Davison	Home Tel:(3	60 4	5/ - 5	861	_
Mailing Address 1369 East Eighth ST	Work Tel:()			
City Port Angeles State WA Zip+4 983					
Section 2. CONTACT - PERSON TO CAL ☐ Same as above	L ABOUT THE A	PPLI	CATI	ON	
Name Todd M. Kiesz	Home Tel:(_)_			
Mailing Address P.O. Box 1688	Work Tel:(_	509) 6	62 - 3	685	
City Wenatchee State WA Zip+4 988	07 + 1688 FAX:(509)6	62 - 2	452	
Relationship to applicant <u>Attorney</u>					
Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than cubic feet per second) from a surface water source or					se(s)
of irrigation DESCRIPTION OF THE PLACE OF USE. (See instructure) DESCRIPTION OF THE PLACE OF USE. (See instructure)	. A'	TTACE	IA"LE	GAL"	
	t per year: 38.69				
Estimate a maximum annual quantity to be used in acre-feed. Check if the water use is proposed for a short-term proposed.		l of tim	e that the	e water will be	neede
Estimate a maximum annual quantity to be used in acre-feet	oject. Indicate the perio	d of tim	e that the	e water will be	neede
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Estimate a maximum annual quantity to be used in acre-feet Check if the water use is proposed for a short-term pr From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed	oject. Indicate the period	R			neede
Check if the water use is proposed for a short-term pr From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: unnamed spring Number of diversions: Source flows into (name of body of water):	oject. Indicate the period	R r			neede
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Check if the water use is proposed for a short-term pr From	If GROUNDWATE A permit is desired for Size & depth of well(rom the point of divers Lot 40 of the Little a Department of Great of north a	R s): ion or v Le But ame Su listan	withdray te Sub- rvey o- ce of tion of sor	vell(s).	rest
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Appl. No.: 34-34949

ECY 040-1-14 Rev. 7/97 * * f

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
	From spring, water runs to small four foot collection basin, then by gravity runs to temporary holding tank, where it is then pumped or gravity fed to place of use.
C.	Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
0.0000000000000000000000000000000000000	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:178.55_
B.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application: 178.55
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Sec	ction 8. WATER STORAGE		
NOTE some	you be using a dam, dike, or other structure to retain or store we reporary Storage Tank E: If you will be storing 10 acre-feet or more of water and/or if the we portion of the storage will be above grade, you must also apply for a cation from the Department of Ecology.	ater depth will be 10 feet or more at th	■ YES □ NO ne deepest point, and rvoir permit
Sec	ction 9. DRIVING DIRECTIONS		
Provi	ide detailed driving instructions to the project site. From Wenatchee drive north on US-97 Alt 17.8 Turn right (south) onto Millard Street (0.1 Road name changes to Butte Road (0.1 miles); Road name changes to Chelan Butte Road (0.9 Arrive at 114 Chelan Butte Road, Chelan, Was Continue on Chelan Butte Road south (0.55 mi	miles); miles); shington 98816, the place	
Sec	ction 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Sei	ction 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be If no, explain the applicant's interest in the place of use and		■ YES □ NC es) of the owner(s):
В.	Does the applicant own the land on which the water source If no, submit a copy of agreement:	is located?	☑ YES ☐ NO
to pr moni	tify that the information above is true and accurate to the locess my application, I grant staff from the Department of itoring purposes. Even though I may have been assisted in loyees of the Department of Ecology, all responsibility for t	Ecology access to the site for inst the preparation of the above ap	spection and plication by the
Appl	icant (or authorized representative)	16-05-04 Date	
Land	- SAME - owner for place of use (if same as applicant, write "same")	Date	

We are returning your application for the following i	eason(s):	4497
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN
incomplete Explanation:		TO THE APPROPRIATE REGIONAL OFFICE
incomplete Explanation: Please provide the additional information requested	above and return your a	REGIONAL OFFICE
Explanation: Please provide the additional information requested		REGIONAL OFFICE

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).